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## FACSIMILE TRANSMISSION

Total # of Pages 5 (including this page)

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Examiner Gailene Gabel Group Art Unit: 1641 United States Patent and Trademark Office	703-305-0807	703-872-9306

From : Wesley B. Ames

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Date : March 29, 2004

Client/Matter No : 071957-1102

User ID No : 0188

*Refaxed May 14, 2004  
per request Ex-Gabel*

## MESSAGE:

Re: U.S. Application No. 09/<sup>835</sup>~~785~~,287

## Attachment:

Notice of Appeal, in duplicate (4 pgs.)

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Operator:	Time Sent:	Return Original To: Mercedes F. "Ched" Dipasupil
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Atty. Dkt. No. 071957-1102

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**MAY 14 2004**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: David R. Kaplan  
Title: Methods for Detecting an Analyte  
of Interest Using Catalized Reporter  
Deposition of Tyramide  
Appl. No.: 09/835,287  
Filing Date: 04/13/2001  
Examiner: Gailene Gabel  
Art Unit: 1641

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.  Mercedes F. Dipasupil (Printed Name)  <i>Mercedes F. Dipasupil</i> (Signature)  March 29, 2004 (Date of Deposition)
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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD**  
**OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated September 29, 2003, of the Examiner finally rejecting Claims 1-20 and 37.

- ☒ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

In re Application of  
David R. Kaplan  
Application No. 09/835,287

Atty. Dkt. No. 071957-1102

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$950.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1280.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$640.00
	TOTAL FEE:	\$640.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$640.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$640.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date : March 29, 2004By Wesley B. Ames

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